

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

America Continues Inc(b) Address (number and street) ☐ check if different than previously reported
111 Windel Drive Suite 201

(c) City, State and ZIP Code

Raleigh

NC

27609

(d) Name of Employer or Principal Place of Business

Raleigh, NC

(e) Occupation

2. FEC Identification Number**C** C30002109**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M /
10D D D /
23Y Y Y Y Y Y
2012

through

M M M /
10D D D /
25Y Y Y Y Y Y
2012**5. (a) Date of Public Distribution(s)**M M M /
10D D D /
24Y Y Y Y Y Y
2012**(b) Communication Title** Defending Our Faith**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Samuel T Hassell

(b) Address (number and street)

111 Windel Drive Suite 201

(c) City, State and ZIP Code

Raleigh

NC

27609

(d) Name of Employer or Principal Place of Business

Raleigh, NC

(e) Occupation

Marketing Consultant

9. Total Donations This Statement

17500.00

10. Total Disbursements/Obligations This Statement

17172.76

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Samuel T Hassell

SIGNATURE

Samuel T Hassell

[Electronically Filed]

DATE

10/24/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.